


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000059558

1. Entity Name
PROQUEST PEST CONTROL INC.



Principal Place of Business Mailing Address

**670 NTH COURTENAY PKWY
 STE 19E
 MERRITT ISLAND FL 32953
 US**

**670 NTH COURTENAY PKWY
 STE 19E
 MERRITT ISLAND FL 32953
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**HAMILTON, FREDERICK R
 8157 WINDOVER WAY
 TITUSVILLE FL 32780**

4. FEI Number Applied For

59-3387530 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, FREDERICK R	
STREET ADDRESS	8157 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMILTON, FREDERICK	
STREET ADDRESS	8157 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLOMON, JOHN	
STREET ADDRESS	493 RIO CASA DRIVE N.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	C	<input type="checkbox"/> Delete
NAME	MORRIS, JACK	
STREET ADDRESS	3675 VALKARIA RD	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAMSEY, CAROLYN	
STREET ADDRESS	1441 CREST DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000063508	
CITY-ST-ZIP	02/23/04-80163-024 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramsey, Carolyn Date: 2/17/04 Daytime Phone #: 321 4536002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR